

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

W1599366

FILING DATE

09.26.6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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47		/				
48		/				
49		/				
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
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53		/				
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99						
100						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	56					